For Washington State Nursing Home staff

From Residential Care Services, Aging and Disability Services **Department of Social & Health Services**

Info and Tips from the MDS-WA Office—Clinical stuff, **Computer** stuff, **Reports** 'n stuff, and other STUFF!

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our mascot Cousin IT

MDS 3.0 Training Recap MDS 3.0 Manual Info	Page 1
Q2IT—Treasure Trove Tips MDS 2 to 3 Transition	Page 2

Inside this

issue:



Computer Corner



Judy

Wow!! Summer is half over and we have only 7 weeks until implementation of MDS 3.0!!

A collaborative effort between Washington Health Care Association. Aging Services of Washington and Residential Care Services produced eleven 2-day training sessions that were held across the state starting June 17 and concluding August 3. Over 1200 persons representing the majority of nursing facilities in Washington as well as facilities in Oregon and Idaho attended. Many thanks to those who helped pull this together and to you who sat through some long days.

Many questions were posed during the seminars and a Question and Answer document will be compiled and posted on the ADSA and nursing home associations' websites within the next several weeks. In addition, the document will be sent out on our list-serve.

At this time, no additional MDS 3.0 training sessions have been scheduled. When they are, the information will be posted on our ADSA webwww.adsa.dshs.wa.gov/professional/MDS/

and sent out on our list-serve. The most likely time frame for additional training would be after the first of the year.

NH web sites in WA

Info for NH Professionals

http://www.aasa.dshs.wa.gov/professional/nh.htm

MDS Automation web page

http://www.adsa.dshs.wa.gov/Professional/MDS/Automation/

MDS Clinical web page

http://www.adsa.dshs.wa.gov/Professional/MDS/Clinical/

NH Rates web page

http://www.adsa.dshs.wa.gov/professional/rates/

NH Rates and Reports

http://www.adsa.dshs.wa.gov/professional/rates/reports/

Case Mix web page

http://www.adsa.dshs.wa.gov/professional/CaseMix/

The MDS 3.0 Manual

CMS has worked all spring and summer to finalize the RAI User's Manual for MDS 3.0. Several updates have been posted and replaced during this time. As of August 12, the following chapters and sections have been revised and are considered to be current with no further changes expected at this time: Chapters 1, 2, 4, 5 and 6; Chapter 3 (Introduction, sections A-Q, S, V, X, Z); Appendices A-E, G and H

A new naming convention is now being used for the MDS 3.0 RAI Manual at the CMS website:

- Any sections or chapters that have had revisions will now have an updated version number along with the month and year that the information was revised (e.g., MDS 3.0 Chapter 4 V1.03 August 2010). Subsequent revisions of any section or chapter of the manual will have updated version numbers (e.g., V1.04, V1.05, etc...)
- Any sections or chapters that have not been revised will have the same version, number, month and year for which that version was last published (e.g., MDS 3.0 RAI Manual Chapter 3 Section I V1.02 July, 2010). However, you will notice that the day has been dropped from the file name as the frequent manual changes have ceased.
- Any changes from the previous version of all Chapter 3 Sections are now listed at the beginning of each respective section.

Please Note: If you have an MDS 3.0 User's Manual with chapters, sections or appendices dated prior to July 2010, you do not have the latest revision and need to update your documents. You can find the revisions on the CMS website:

http://www.cms.gov/NursingHomeQualityInits/45 NHQIMDS30TrainingMaterials.asp#TopOfPage

Scroll down to MDS 3.0 training materials and you can download the needed materials.

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Q2IT Treasure Trove Tips—Getting Ready for 3.0



A great suggestion from a Director of Nursing at one of the training sessions was to share information about MDS 3.0, especially the new resident interview portions, with the resident and family councils. If, you do not have a formal family council, you might

consider some informational meetings with families and significant others.

2. Review your assessment schedule and see if you can shift some of the quarterly and/or annual assessments that are due in early to mid October to September. This will allow you more time to focus on MDS 3.0 with your new admissions. There is no penalty for completing an OBRA assessment early.

3. Practice the scripted interviews, including the use of the cue cards.









Computer Corner

Changes are coming! I've been here 6 months now and getting fairly familiar with MDS 2.0.



With MDS 3.0 rapidly approaching, I've been thinking about some of the notable changes.

- In MDS 3.0 you will be able to do a modification to change the Type of Assessment.
- MDS 3.0 validation reports will be in CASPER.
- The numbers associated with the Type of Assessment have changed. Example: an Admission/5 day will be an 01/01 instead of an 01/1. A Quarterly/90 day will be an 02/05 instead of an 05/4.

Judy

Any change, even a change for the better, is always accompanied by drawbacks and discomforts.
- Arnold Bennett

MDS 2.0 to 3.0 Transitions

For approximately one year, starting October 1, there will be a transition period as we move from MDS 2.0 to MDS 3.0. For residents with an Assessment Reference Date (ARD) set on or before September 30, 2010, MDS 2.0 will be the assessment tool that must be used. If the assessment is a comprehensive (OBRA admission, annual, significant change or significant correction of prior full assessment) this will also include using the RAP process.

For residents with an ARD of October 1, 2010 or later, MDS 3.0 will be the assessment tool required, and if the assessment is a comprehensive (as noted above), the Care Area Assessment (CAA) process applies.

There are also changes for determining the due dates, including when to complete the next MDS for current residents. With MDS 3.0, the driver for the due date is the ARD date (MDS item A2300). By rule, quarterly assessments must be completed within 92 days of the previous assessment (either quarterly or comprehensive) and annual assessments must be completed within 366 days of the previous comprehensive assessment.

If the most recent prior comprehensive is an MDS 2.0, then the ARD of the next MDS 3.0 annual must be within 366 days of the VB2 date of that prior MDS 2.0.

<u>Example</u>: The prior comprehensive was an admission OBRA with RAPS. The ARD was 5/8/2010; the R2b was 5/18/2010 and the VB2 was 5/20/2010. The annual, using MDS 3.0, must have an ARD set no later than 366 days from the VB2 date of 5/20/2010. In this situation, the ARD for the MDS 3.0 annual would be no later than 5/21/2011.

For quarterly assessments, if the most recent prior quarterly or comprehensive assessment is an MDS 2.0, then the ARD for the next MDS 3.0 must be within 92 days of the R2b date of that prior assessment.

<u>Example</u>: The prior quarterly was signed at R2b on August 10, 2010. The next quarterly must have an ARD set no later than 92 days from August 10, which would make it on or before November 10, 2010.

You could also calculate the due dates by identifying the ARD of the prior MDS 2.0 assessment and setting the ARD of the MDS 3.0 within the applicable time frames. (366 days for an annual and 92 days for a quarterly). Using this method you may be early, but you will not be late.

Once you have completed an MDS 3.0, use the ARD from that assessment to determine the ARD for the next assessment. The timing rules do not apply to swing bed assessments, only to nursing homes. If submitted assessments fail either the annual or quarterly timing rules, a warning message will appear on the validation report but the assessment will still be accepted into the data base as long as there are no other errors that would result in a "fatal error" message. Timing rules, by themselves, are not fatal errors.